# Cattaraugus-Little Valley Central School District BOARD OF EDUCATION

## APPLICATION FOR EMPLOYMENT OF

NAME			
NAME(LAST)	(FIRST)	(MI)	
Present Address			
(STREET)	(CITY)	(STATE)	(ZIP)
Mailing Address (IF DIFFERENT	т)		
Present Telephone			
	(NUMBER WHERE YOU CAN BE READ	CHED)	
Present Position			
STATE WHAT POSITION, GRADE, O	OR SUBJECTS YOU ARE APE	PLYING FOR:	
FULL-TIME			
SUBSTITUTE			

NO PERSON APPLYING FOR A POSITION IN THE Cattaraugus-Little Valley Central School District Shall be discriminated against on the grounds of age, race, creed, color or National Origin, Sex, disability or Marital Status.

#### FOR SUBSTITUTE TEACHERS ONLY

As a substitute	, IN WHICH AREA ARE Y	OU INTERESTED:		
ALL LEVELS	PRIMARY (PK-4)□	MIDDLE SCHOOL (5-8)□	High School (9-12)□	
CHECK THE APPR	OPRIATE SPACE INDICA	TING WHICH CATEGORY YOU	JR NAME SHOULD BE PLACED:	
☐ <u>CATEGORY</u>	<b>1:</b> RETIRED CLV TEACHE	er - \$115. per day		
☐ <u>CATEGORY</u>	/ II: PERSONS WITH CERT	IFICATION OR CERTIFICATE OF Q	UALIFICATIONS - \$105. PER DAY	
□ CATEGORY	/ III: PERSONS WITH 4 YE	AR DEGREE OR HIGHER, NON-CE	ertified - \$95. per day	
☐ <u>CATEGORY</u>	' IV: PERSONS WITH 2 YE	ARS OF COLLEGE OR SUBSTITUT	ΓΕ TRAINING - \$85. PER DAY	
Lo	ng Term Sub: AFTER I	DAY 10 FOR SAME TEACHER - \$	15. ADDITIONAL PER DAY	
DAYS/TIMES YOU	U ARE AVAILABLE:			
DAYS/TIMES YOU	U ARE <u><b>NOT</b></u> AVAILABLE	:		
PLEASE BE ADVISED THAT YOU MUST BE AVAILABLE DURING THE HOURS OF 5:30 A.M. TO 8:30 A.M. SO WE CAN CONTACT YOU FOR WORK.				

### **EDUCATION**

Undergraduate:  Graduate:  SOCIAL SECURITY NO.  DO YOU HOLD A TEACHING CERTIFICATE VALID IN NEW YORK STATE?  DO YOU HOLD A TEACHING CERTIFICATE VALID IN ANOTHER STATE?  WHICH STATE?  TYPE OF TEACHING CERTIFICATE:  PERMANENT  PROVISIONAL  AREA(S) OF CERTIFICATE  (PLEASE ATTACH A COPY OF YOUR CERTIFICATE)  ARE YOU A MEMBER OF NYS RETIREMENT SYSTEM?  RET. MEMBERSHIP NO.	Undergraduate:  Graduate:  SOCIAL SECURITY NO.  DO YOU HOLD A TEACHING CERTIFICATE VALID IN NEW YORK STATE?  CERTIFICATE NO.  DO YOU HOLD A TEACHING CERTIFICATE VALID IN ANOTHER STATE?  WHICH STATE?  TYPE OF TEACHING CERTIFICATE:  PERMANENT  PROVISIONAL  AREA(S) OF CERTIFICATE  (PLEASE ATTACH A COPY OF YOUR CERTIFICATE)  ARE YOU A MEMBER OF NYS RETIREMENT SYSTEM?  RET. MEMBERSHIP NO.  DO YOU HAVE VALID FIRST AID CERTIFICATION?  YES  NO  DO YOU HAVE VALID CPR CERTIFICATION?	Name and Location of School	Dates From To	Course of Study	Degree and/or Semester Hours
GOCIAL SECURITY NO  DO YOU HOLD A TEACHING CERTIFICATE VALID IN NEW YORK STATE? CERTIFICATE NO  DO YOU HOLD A TEACHING CERTIFICATE VALID IN ANOTHER STATE? WHICH STATE?  TYPE OF TEACHING CERTIFICATE: PERMANENT PROVISIONAL  AREA(S) OF CERTIFICATE (PLEASE ATTACH A COPY OF YOUR CERTIFICATE)  ARE YOU A MEMBER OF NYS RETIREMENT SYSTEM? RET. MEMBERSHIP NO	SOCIAL SECURITY NO  DO YOU HOLD A TEACHING CERTIFICATE VALID IN NEW YORK STATE? CERTIFICATE NO  DO YOU HOLD A TEACHING CERTIFICATE VALID IN ANOTHER STATE? WHICH STATE?  YPE OF TEACHING CERTIFICATE: PERMANENT PROVISIONAL  INREA(S) OF CERTIFICATE (PLEASE ATTACH A COPY OF YOUR CERTIFICATE)  ARE YOU A MEMBER OF NYS RETIREMENT SYSTEM? RET. MEMBERSHIP NO  DO YOU HAVE VALID FIRST AID CERTIFICATION?			-	
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	Do you have valid First Aid certification? ☐ YES ☐ NO Do you have valid CPR certification? ☐ YES ☐ NO	·		,	No
Do you have valid First Aid certification? ☐ Yes ☐ NO	Do you have valid CPR certification? ☐ YES ☐ NO	ARE YOU A MEMBER OF INTO RETIREMENT 5	YSIEM!	RET. IVIEMBERSHIP	NO
		DO YOU HAVE VALID FIRST AID CERTIFICATIO	N? □	YES 🗆 NO	
Do you have valid CPR certification? ☐ YES ☐ NO	Γ ANY EXTRA-CURRICULAR ACTIVITIES WHICH YOU FEEL COMPETENT TO DIRECT OR COACH SUCCESSFU	DO YOU HAVE VALID CPR CERTIFICATION?	□ Y	res 🗆 no	
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MILITARY SERVICE	MILITARY SERVICE	T ANY EXTRA-CURRICULAR ACTIVITIES W			CT OR COACH SUCCESSFO
MILITARY SERVICE  Branch of Armed Forces  Dates Type of Discharge	Propose of Armod Foresc Dates Type of		MILITARY	' SERVICE	Type of

#### **TEACHING EXPERIENCE**

	Grades/H.S. Subjects	Det 1 -	Number	Number of Teachers
Name of School/Institution and Location	Taught, Position Held	Dates to	of Years	System
		TOTAL		
<u>Отн</u>	ER WORK EXPERI	ENCE		
NAME AND LOCATION OF E	EMPLOYER	Pos	ITION HEL	
				FROM
	REFERENCES			
	S UNDER WHOM YOU H.			
ICLUDE SUPERINTENDENTS AND PRINCIPALS RST HAND KNOWLEDGE OF YOUR CHARACT  NAME AND ADDRESS	S UNDER WHOM YOU H. ER, PERSONALITY, SCH		AND TEACH	
RST HAND KNOWLEDGE OF YOUR CHARACT	S UNDER WHOM YOU H. ER, PERSONALITY, SCH	IOLARSHIP A	AND TEACH	IING ABILITY.
RST HAND KNOWLEDGE OF YOUR CHARACT	S UNDER WHOM YOU H. ER, PERSONALITY, SCH	IOLARSHIP A	AND TEACH	IING ABILITY.
RST HAND KNOWLEDGE OF YOUR CHARACT	S UNDER WHOM YOU H. ER, PERSONALITY, SCH	IOLARSHIP A	AND TEACH	IING ABILITY.
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RST HAND KNOWLEDGE OF YOUR CHARACT	S UNDER WHOM YOU H. ER, PERSONALITY, SCH	IOLARSHIP A	AND TEACH	IING ABILITY.
NAME AND ADDRESS	S UNDER WHOM YOU HA	PFFICIAL PO	AND TEACH	IING ABILITY.
NAME AND ADDRESS  **X*X*X*X*X*X*X*X*X*X*X*X*X*X*X*X*X*	S UNDER WHOM YOU HARRY PERSONALITY, SCH	YERRICIAL PO	SITION  ( * * * * *	TELEPHONE NUMI
NAME AND ADDRESS	S UNDER WHOM YOU HARRY PERSONALITY, SCH	YERRICIAL PO	SITION  ( * * * * *	TELEPHONE NUMI
NAME AND ADDRESS  **X*X*X*X*X*X*X*X*X*X*X*X*X*X*X*X*X*	S UNDER WHOM YOU HARRY PERSONALITY, SCH	YERRICIAL PO	SITION  ( * * * * *	TELEPHONE NUMI

PHILOSOPHY AND YOUR REASON FOR APPLYING. (ATTACH ADDITIONAL SHEETS IF NECESSARY.)	K EDUCATIONAL
APPLICATION INSTRUCTIONS:	
TO COMPLETE THE APPLICATION PROCESS, THE FOLLOWING INFORMATION IS REQUIRED:	
☐ COPY OF CERTIFICATION	
☐ RESUME' (FOR FULL-TIME APPLICANT ONLY)	
☐ TRANSCRIPTS (FOR FULL-TIME APPLICANT ONLY)	
☐ PLACEMENT FOLDERS (FOR FULL-TIME APPLICANT ONLY)	
HAVE YOU BEEN FINGERPRINTED? NO YES DATE:	NGERPRINTING
RETURN APPLICATION TO:	
☐ ELEMENTARY PRINCIPAL ☐ MIDDLE SCHOOL PRINCIPAL	
Cattaraugus-Little Valley Central School  Cattaraugus-Little Valley Central	School
25 Franklin Street N. 25 Franklin Street N. Cattaraugus, New York 14719 Cattaraugus, New York 14719	
5 ,	
HIGH SCHOOL PRINCIPAL Cattaraugus-Little Valley Central School	
25 Franklin Street N.	
Cattaraugus, NY 14719	